MARYLAND STATE DEPARTMENT OF EDUCATION

Family Child Care Provider Professional Development Plan for Continued Training

Name: _____

		Date of Initial Registration:	For t	he year:						
Guidelines f										
		er is responsible for completing continued train								
		racking sheet to plan and carryout their indiv					at the pr	ovider wil	ll take tra	ining in a variety of
		h year depending on their professional devel								
		rovider to complete the professional developr	•		-		•	•		
		olled in college coursework any coursework r	related to ea	rly/eleme	entary e	ducatio	n may b	e used to	ward me	eting the core of
knowled	dge area training requi	rements.								
Core of Kr	nowledge - A minim	num of 1/2 the training requirement per	vear of re	nietratio	nn .					
Core of Knowledge - A minimum of ½ the training requirement per year of registration Plan to Core of Knowledge Area(s)									Date Completed	
Complete		Training Title	(indicate number of clock hours in the ap						ea/s)	(attach copy of
(Date)		CD						Total		
				 						
				<u> </u>	†			 -		
					<u> </u>					
Elective T	raining - Maximum	of 1/2 the training requirement per year	r of registi	ration						
Plan to							Numl	per of	Date Completed	
Complete	Training Title							Clock Hours		(attach copy of
(Date)										certificate)
								·		
Other Required Training:						ı	Expiratio	n Date		Date Completed
Туре		Title								
	First Aid									
	CPR									
SI	IDS Training									
Emergency Preparedness										